

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1950

State File No. 38080
402

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McComick Osteopathic Hosp. Clin.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Sassie Crigler Cason</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>May 28, 1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carter Cason</u>		13b. MOTHER'S MAIDEN NAME <u>Crigler</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Les Painter Jr.</u> ADDRESS <u>3421 Maple St. St. Louis Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured hip, humerus + dislocated shoulder</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>2 Days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Glasgow Howard Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-28-50 6:00 p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell while walking in home</u> 45			
22. I hereby certify that I attended the deceased from <u>Nov. 28, 1950</u> , to <u>Dec. 1, 1950</u> , that I last saw the deceased alive on <u>Dec. 1, 1950</u> , and that death occurred at <u>8:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. McComick D.O.</u>				23b. ADDRESS <u>300 1/2 Reed St. Moberly Mo.</u>		23c. DATE SIGNED <u>12-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 5 50</u>		REGISTRAR'S SIGNATURE <u>Carl W. Wallace</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bludsky - Fremont Glasgow Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 11 1950

Date Received: DEC 11 1950
DISTRICT HEALTH OFFICE #2
District File Number 18-50-
Date Filed: DEC 11 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed

Ellie L. L. L.

Licensed Embalmer No.

3978

P. O. Address

Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.